



## **Division Guideline #56**

**Date:** Created 10/30/15

**Title:** Quality of Services Focus Review

**Application:** Regional Offices

**Purpose:** Prescribes a standardized procedure for a Quality Enhancement team to review a service provider or a targeted case management provider's service delivery systems to ensure compliance with health, safety and rights assurances set forth in accordance with the Division's 1915c waivers and contracts. To gather information to identify the causes of the identified areas of concern that may need technical assistance and resources to make improvements.

### **OVERVIEW**

In accordance with Health, Safety and Rights assurances set forth by the Centers for Medicaid and Medicare Services (CMS) for 1915c waivers operated by the Division of Developmental Disabilities, Regional QE and State QE staff will conduct focus reviews of waiver services as prescribed below.

### **PROCESS OF IDENTIFICATION**

A Quality of Services Focus Review may be conducted when there is a consensus among the local regional office management team:

- There was a sentinel event with the potential risk to an individual(s) health or safety;
- That based upon quarterly analysis of data, including EMT and APTS, there are identified trends, reoccurring patterns of events, or issues related to:
  - Individual recipient of services
  - Provider of service(s)

A Quality of Services Focus Review may also be requested at any time by two of the following: Division Director, Chief Operating Officer, Division Deputy Director, Division Assistant Director, Regional Director or Regional Assistant Director.

## CONDUCTING THE QUALITY OF SERVICES FOCUS REVIEW

Reviews may be conducted by a local regional team or a state team. For local reviews, there will be a minimum of two team members and the Regional Director (or designee) will be responsible for the composition of the team and include QE staff and staff who have the expertise in the areas to be reviewed. For state level reviews, there will be a minimum of two team members and the State Quality Enhancement Director (or designee) will be responsible for the composition of the team and include staff who have the expertise in the areas to be reviewed.

- The Division Director (or designee) will monitor for internal TCM focus reviews. The State Quality Enhancement Director and TCM TAC Statewide Coordinator will be notified. The review would be conducted by Central Office staff and/or State QE staff.

In preparation for the review, the QE staff will summarize health, safety and rights data from the DD Integrated Quality Functions. The results of the summary will help to develop focus questions for discussion during the review and/or identify if a specific service site needs to be included in the review. The QE staff will also look at any existing DD Provider Improvement Plans, DD Critical Status Plans, Accreditation Findings or DMH Licensure & Certification Plan of Correction in preparation for the review. This information and the results from the review are documented on the Focus Review Supplemental Guide (Appendix A).

- The need for a state level review is identified through sources that may include but are not limited to information systems review; this information could be reflective of low intensity long term problems, or an intense immediate issue that requires analysis of causes. State level reviews may include interactions with multiple entities during the review to gather information to evaluate all services impacting the provider's systems. These entities may include Regional Office, contracted provider, TCM Entity, SB40 funding agency, etc. State level reviews must be approved by Division Deputy Director or Division Assistant Director.

If at any time during the process significant issues are identified, the QE reviewer will work with the contracted provider to expand the review.

The provider will be notified by the Regional Director (or designee) of initiation and reason for the review. If the identified provider of service in need of review is located in more than one region, the QE lead or designee for the region requesting the review will communicate and coordinate with other QE leads or designee(s) from applicable regions. The designated QE staff in the region requesting the review is responsible for coordinating the review and communicating among the related regions. When applicable, the designated QE staff in other identified regions are responsible for organizing, scheduling and completing the reviews for their region and communicating results to the primary region point of contact. Each region completing a focus review will share the Summary document with all the other regions where the provider is located.

- During the initial contact with the provider a resolution may be obtained, including an agreed upon Plan of Action, and a focus review would not be completed.

- If a provider does not agree with the Regional identification of need for a review then the Division Deputy Director or Division Assistant Director will be contacted to make the final determination regarding the need for review.

## COMMUNICATION AND FOLLOW UP

Once approved by the Regional Director (or designee), the results of the review are shared with the local provider as prescribed below (if it is a service provider the results are shared with the applicable support coordination entity):

- Designated QE staff will arrange a local team meeting, notify participants and distribute a blank copy of the Quality of Services Focus Review Provider Report (Appendix B) prior to the meeting.
  - The local team members will include, at a minimum, the following:
    - Service provider focus review: a Service Provider representative, a Targeted Case Management entity representative, a DD Provider Relations Unit representative and, when applicable, the Regional Director or Assistant Director.
    - Targeted Case Management provider focus review: a Targeted Case Management entity representative, a DD Targeted Case Management Technical Assistance Unit representative and, when applicable, the Regional Director or Assistant Director.
  - The meeting may be in person or by conference call.
  - Designated QE staff will facilitate the discussion, share concerns and observations, as well as complete the Quality of Services Focus Review Provider Report (Appendix B). Concerns which require follow up will include agreed upon Action Steps, Person(s) Responsible and a Projected Completion Date. Positive outcomes and enhancements for consideration are also recorded on the form.
    - If the team is unable to reach a consensus about concerns requiring remediation the Regional Director (or designee), Assistant Director (or designee) and a state QE member will be contacted to review the information. A state QE member would then facilitate an interdisciplinary team meeting in which the Quality of Services Focus Review Provider Report will be completed. If a consensus is not reached during this meeting then there will be a request for the Division Deputy Director or Division Assistant Director to review the Quality of Services Focus Review Provider Report for final determination.
- Within 10 business days of the team meeting the completed Quality of Services Focus Review Provider Report (Appendix B) is sent to the provider of service, other meeting participants and, if necessary, to Licensure and Certification.
- When a focus review includes more than one region the QE staff in the region requesting the review are responsible for submitting the combined Quality of Services Focus Review Provider Reports (Appendix B) to the provider agency lead.
- The QE reviewer may refer concerns to other Regional Office personnel for follow up when identified as a need by the team (Due Process, QE RN, etc.).
- Any issues identified around the areas of environment/safety, services and staff, rights, money and health or any positive practices are entered into the Integrated Functions Database (APTS) for tracking and trending.
- The designated QE reviewer and any designated Support Coordinator(s) will continue to monitor the issue(s). Once it is verified the agreed upon Action Steps have been completed,

designated QE staff will note this on the Quality of Services Focus Review Provider Report (Appendix B).

- The Integrated Functions Database (APTS) will be updated with resolution information.
- An electronic version of the summary report will be maintained by the regional office.
- The first year after the review is completed QE will monitor data, at least quarterly, related to the provider.

Annually state QE will evaluate data for statewide trends and provide recommendations to the Division based on these concerns.

<b>SPECIAL CIRCUMSTANCES</b>
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Issues involving individuals placed by DSS Children's Division will be communicated to the DSS Children's Division by a designated Regional Office staff.

If while completing this process issues are identified that require further in-depth investigation, such as witnessing or learning about abuse, neglect or misuse of funds, DMH staff are required to follow the reporting process and procedures as outlined in DOR 2.210.

If a situation is identified during a visit that DMH staff deems critical, i.e., dangerous or harmful and the person or staff are at immediate risk, DMH staff will remain on site until adequate safeguards are in place and/or the Regional Director approves their leaving.

**Authority:**

9 CSR 45-5.010 (3)(a-d) ([Chapter 5](#))

DD MO Quality Outcomes <http://dmh.mo.gov/dd/docs/missourqualityoutcomes.pdf>

DD [FY 16 TCM Contract](#)

DOR 2.210 (<http://dmh.mo.gov/docs/diroffice/dors/dor2-210-abuseandneglectdefinitionsandprocedures-communityproviderfacilities.pdf>)

HCBS Medicaid Waiver: <http://dmh.mo.gov/docs/dd/waivermanual.pdf>

HCBS Rule <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Final-Rule-Slides-01292014.pdf>

*This guideline will be reviewed and updated annually, if needed.*